

STATE: MINNESOTA

ATTACHMENT 4.16-A

Effective: October 1, 1995

TN: 95-39

Approved: 1/3/96

Supersedes: 94-29

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

COOPERATIVE AGREEMENTS WITH DEPARTMENT OF HEALTH AND THE CHILD  
SUPPORT ENFORCEMENT DIVISION AND WITH TITLE V GRANTEEES

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The current numbered agreements comprising Attachment 4.16-A to the State Plan remain in effect.

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| Agreement #1 | Agreement with the Title V grantees - Maternal and Child Health Services  |
| Agreement #2 | Agreement with the Department of Health for certification and inspections of ICFs and NFs                                     |
| Agreement #3 | Agreement with the Department of Health for Program Development, Training, and Evaluation of Child and Teen Checkup Services. |
| Agreement #4 | Cooperative Agreement between Health Care Programs and Child Support Enforcement Division                                     |
| Agreement #5 | Interagency Agreement with Department of Jobs and Training  |

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WHEREAS, the Department of Public Welfare through the Title XIX State Plan has responsibility to assure quality medical/dental care and treatment for eligible children in Minnesota;

WHEREAS, the Minnesota Department of Health through the Maternal and Child Health, and Services for Children with Handicaps Programs has responsibility for planning and implementing programs of preventive health services and for the early location of children with handicapping or potentially handicapping conditions, and assuring that such children be provided diagnosis, evaluation, and treatment services aimed toward restoration of maximum health through the services of physicians, appliances, hospital care and after care as indicated;

WHEREAS, the Department of Public Welfare and the Department of Health may increase their effectiveness through such agreement;

NOW THEREFORE, the parties hereto agree to perform the following duties in connection with the intent of this Agreement:

1. Departmental Responsibilities and Relationships:

A. Department of Public Welfare

1. Shall reimburse SCH for the cost of evaluation, diagnostic and follow-up services provided for Title XIX eligible children in the SCH field clinics held in a variety of locations throughout the state of Minnesota. The rates for reimbursement shall be in keeping with the schedule in Attachment A.
2. County social service departments, under the supervision of DPW, shall make Title XIX eligibility determinations for potentially eligible families of children seen in the SCH field clinics and in the various local MCH health service projects which provide direct health services to women and children.

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3. County and social services departments, under the supervision of DPW, shall refer Title XIX eligible persons in need of health services to the various local MCH health service projects which provide direct health services to women and children.
4. Shall reimburse the various MCH local health projects with Title XIX vendor agreements in keeping with the reimbursement schedule established by DPW for the evaluation, diagnostic treatment and follow-up services provided for Title XIX eligible women, infants and children.
5. County social service departments, under the supervision of DPW, shall with respect to the EPSDT Program, plan for and carry out outreach and referral to providers for the provision of preventive, diagnostic and treatment services for eligible children. Criteria for determination of physician-supervised or nurse-supervised provider clinics are defined by rules: DPW 61, 7 MCAR 1.174-197, or 5 MCAR 1.0720-0724.
6. Shall contract with MDH for specific training activities pertaining to the EPS/EPSTDT Program which are defined in a separate contract negotiated annually.

B. Department of Health

1. SCH field clinics, upon referral by physicians, family, county social service departments or other community agencies shall provide evaluation, diagnosis and treatment planning for Title XIX eligible children. If definitive diagnosis and treatment planning cannot be accomplished at the field clinic, the child may be referred to a medical center or other special treatment provider to assure a complete treatment plan. Follow

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up treatment may be provided in field clinics or, due to the nature of the handicapping condition, may be followed in medical centers. Final determination as to the most appropriate ongoing medical follow-up will be made by the Director of SCH.

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2. SCH shall maintain vendor status under the Title XIX Program. The Medical Director will be the principal applicant.
3. SCH shall implement procedures to assure determination of unit costs for services in SCH field clinics so that reimbursement for Title XIX eligible children will be based upon actual costs, revised annually. (See Attachment A).
4. SCH shall prepare and submit appropriate Title XIX vendor reimbursement requisitions for services provided to eligible children seen in field clinics.
5. The MCH Program shall supervise and fund in part local programs of projects which provide preventive and specialized health services to eligible women, infants and children in selected sites throughout the state. The MCH local health projects which provide services to Title XIX eligible persons are as follows:

<u>Project Type</u>	<u>Project Description</u>
Program of	Approved projects sponsored
Projects for	by the Minneapolis Health
Maternity & Infant	Department (MHD) and the
Care	St. Paul Ramsey Hospital
	provide comprehensive maternity
	newborn care to women and infants
	at increased health risk in
	Minneapolis and Ramsey County.

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Project Type

Project Description

Program of Projects  
for Family Planning  
Services

Approved projects are sponsored by MHD and Planned Parenthood of MN to serve persons at risk of unplanned pregnancy in the City of Minneapolis and a multi-county area in north central Minnesota.

Program of Projects  
for Health of Children  
and Youth

Approved projects sponsored by the MHD and Community University Health Care Center, Minneapolis provide comprehensive child health services to Minneapolis children and youth to age 18 years who are at increased health risk.

Family Planning  
Special Projects

Approved projects throughout the State providing one or more family planning service components described in rule.

Early and Periodic  
Screening

Projects throughout the State providing comprehensive child health screening in keeping with rule, and eligible for Title XIX reimbursement in keeping with the DPW-MDII agreement in this regard.

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The local projects shall apply for and achieve vendor status under the Title XIX Program and utilize established procedures for determination of actual unit costs.

6. SCH shall refer individuals and families who are potentially eligible for Title XIX directly to the local welfare department in their particular geographical area for determination of Title XIX eligibility.
7. SCH, with the permission of the individual or family, will share reports of clinic visits or other SCH services with staff of the local welfare department when appropriate to assure comprehensive services.

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## II. Supplemental Security Income-Disabled Children's Program (SSI-DCP):

### A. Department of Health

The SSI-DCP is a separate program within Services for Children with Handicaps. The DCP has responsibility to assure that coordinated and comprehensive services are made available to children 16 years and under who receive SSI benefits. Such services are to be related to the individual medical, social, educational, developmental and rehabilitative needs of the child.

1. The DCP, through its district consultants shall:
  - a. counsel families about the program;
  - b. arrange for appropriate evaluations and assessments if required;
  - c. develop an Individual Service Plan (ISP) based upon multi-disciplinary evaluations and in cooperation with other programs providing services to children who receive SSI Programs;
  - d. pay for services recommended for children under age 7, and those 7 through 15 who have never attended public

school and who are unable to obtain these services from other funding sources, and

- e. provide follow-up contacts with families and service providers to facilitate the review of the Individual Service Plan.

2. DCP shall pay for necessary medical and auxilliary service needs of an SSI child upon exhaustion of Title XIX entitlement, or if a required service is not available under Title XIX State Plan.

Such medical and auxilliary services may include the following:

- preventive diagnostic and treatment services of a physician
- inpatient and outpatient hospital services
- dental services
- nursing services
- home health services
- physical and occupational therapy
- speech and hearing services
- vision services
- child development services
- counseling
- provision of drugs
- medical devices
- transportation services as needed to carry out the Individual Service Plan
- emergency medical services
- nutrition services
- reading and interpreter services for the deaf and blind

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The DCP Program will pay for medical and related care at Title XIX reimbursement rates when rates are established for such care.

3. The DCP shall refer individuals and families who are potentially eligible for Title XIX directly to the local welfare department in their geographic area for determination of Title XIX eligibility.
4. The DCP, with the individuals and families permission, will distribute the Individual Service Plan (ISP) to the local welfare department. The ISP specifies what services will be provided by the DCP.

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B. Department of Public Welfare

1. Shall reimburse providers for services to children who receive SSI benefits and who are also eligible for Medical Assistance (Title XIX). The agreed upon service will be provided initially by Medical Assistance Title XIX until Title XIX entitlement is exhausted, unless the required service(s) is not available under Medical Assistance.
2. Shall through the local welfare departments refer individuals and families who are Title XIX eligible directly to the district DCP consultant when needed services are not provided by Title XIX or Title XIX eligibility status changes.

C. Designation of Liaison Personnel

In order to facilitate cooperation and other matters related to the Medical Assistance Program and the Disabled Children's Program, a designated staff member shall be responsible for liaison activities. The designated staff members shall be the SSI-DCP Coordinator in MDH and the Director of the Medical Assistance Division in DPW.

III. The Department of Public Welfare and the Department of Health will:

1. Cooperate in the preparation and annual review of this interagency agreement.



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2. Cooperate in maintaining such information and developing such reports as are needed to meet State and Federal requirements for Title XIX, Title V, and Title XVI of the Social Security Act as amended, cooperate in preparing and disseminating appropriate information about programs and services of common interest such as EPS/EPSTD services, Services for Children with Handicaps, SSI-DCP, Child Abuse, Family Planning, and develop interagency contracts for the planning and implementation of areas of significant mutual interest to especially include Child Abuse, EPSTD and Family Planning. These interagency contracts will contain measurable objectives as appropriate.
3. Encourage the coordination of local social services and health services through the promotion of information exchanges between health and social service agencies so that clients of each agency can be referred for services as appropriate.
4. Cooperate to establish procedures to annually audit cost related to the provision of services in SCH field clinics, cooperate in establishing procedures so that DPW can provide an annual cost reconciliation for all of the in-hospital services provided by SCH in keeping with the cost reconciliation DPW performs for Title XIX and Title XVIII.

#### IV. Periodic Review and Termination of This Agreement:

1. This Agreement shall be reviewed no less than annually by the Commissioners of the respective departments, or their designees, and changes made upon written approval of each of the Commissioners.

This Agreement constitutes the whole Agreement between the parties, and it is mutually understood and agreed that no alterations or variations except those due to audit action to the

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terms of this Agreement shall be valid unless amendments hereto are made in writing and agreed to by both parties.

2. Either party may terminate this Agreement on ninety (90)

*and* days advance notice in writing to the other party, or no later than 30th day of June 1983.

The authorized agents for purposes of administration of this Agreement are: Ronald G. Campbell, M.D., Chief, Maternal and Child Health Section, Richard P. Nelson, M.D., Director, Services for Children with Handicaps, and Thomas A. Gaylord, Director, Health Care Programs Division, Nancy J. Feldman, Supervisor, Health Care Programs Policy, Department of Public Welfare.

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State of Minnesota, by and for the State Department of Public Welfare Title XIX Agency.

*Orin E. Luvon*  
Commissioner

4/2/82  
Date

State of Minnesota, by and for the Minnesota Department of Health.

*Joseph B. Peterson MD*  
Commissioner

5/25/82  
Date